

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008888

STATE FILE NUMBER

34

FILED APR 6 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

300
1-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Dr. H. A. Bailey

7. PLACE OF DEATH a. COUNTY Daviness		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Daviness	
b. CITY OR TOWN Gallatin (If outside corporate limits, give TOWNSHIP only)		c. CITY OR TOWN Gallatin c 316 0 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION ---		d. STREET ADDRESS (If outside, give location) ---	
Length of stay in lb Most of Life		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Louisa Middle --- Last Welborn			4. DATE OF DEATH Month March Day 27 Year 1959
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 28 1884
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	9. AGE (In years last birthday) 75
11. BIRTHPLACE (City and state or country) Gallatin, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME James Brantley Burns		13b. MOTHER'S MAIDEN NAME Sarah Stout	14. NAME OF HUSBAND OR WIFE George Welborn (Dec'd)
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Mrs. Wauneta Walton, Gallatin, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Edema of lungs, very large heart			INTERVAL BETWEEN ONSET AND DEATH 6 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Bad mitral leak, acute pyelitis			3 mchs
DUE TO (c) Chronic Hypertension + nephritis			2 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (c) Large mass in uterus possible Fibroid or Melanoma			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of form 18.) 4210	
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from May 1954 to March 7-1959 and last saw ^{her} _{him} alive on March 7 1959 Death occurred at 1:30 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) H. A. Bailey M.D.		22b. ADDRESS Gallatin Mo	22c. DATE SIGNED 3/31/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3-29-1959	23c. NAME OF CEMETERY OR CREMATORY Lile Cemetery
		23d. LOCATION (City, town, or county) (State) Gallatin, Missouri	
24. FUNERAL DIRECTOR'S ADDRESS Hope Funeral Home, Gallatin, Mo.		25. DATE RECD. BY LOCAL REG. 4-2-1959	26. REGISTRAR'S SIGNATURE Hugh M Engelhart

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *L. O. Richesson*

Licensed Embalmer No. *3307*

P. O. Address *Dallatin,*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.